

Name in Full

Certificate of Death

Name *Sarah A Atkins*
 Town *Powellville* County *Worcester* MARYLAND
 Died at *near Powellville*

Date *1902* Month *1st* Day *12* Y. *54* M. D. Native of *England* Occupation *Farmer*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *7*

Husband of
 Wife
 Father's Name Mother's Name

Cause of Death { Primary Immediate *Paralysis* } How long sick *3 days*
 Accident ~~Suicide~~, Homicide

Reported by *Howard A Atkins*
 Address *Powellville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name In Full

Certificate of Death

Town

County

Died at Rockwellton, Wisconsin

MARYLAND

Date 1902 Jan. 19 Age 7 — Native of Wisconsin Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary Typhoid Fever How long sick 2 weeks

 Immediate Toxemia Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Scipio Brickhead

Town

County

Died at Salisbury Wisconsin

MARYLAND

Date 1902	Jan.	15	Age 75	Native of Wisconsin	Occupation Farmer
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living 8	

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary Cirrhosis of Liver

How long sick

2 months

Death Immediate

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at <i>near Parsonburg</i>		Town <i>Parsonburg</i>		County <i>Wicomico</i>		MARYLAND	
Date 189	<i>1902</i>	Month <i>Jan</i>	Day <i>18</i>	Y.	M.	D.	Native of
Age <i>3</i>		Occupation					
<i>Y. W.</i> Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Widow		Divorced		Number of children living	
Wife		Widower		Divorced		Number of children living	
Father's Name <i>Toke Blawie</i>		Mother's Name <i>Alfina Blawie</i>					
Cause of	Primary	How long sick <i>2 days</i>					
Death	Immediate	Accident, Suicide, Homicide					
Reported by <i>G. A. Parsons</i>							
Address <i>Parsonburg Md</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

~~Shallot Bishop~~ Coal

Paran-

~~Arise~~ ~~Lance~~ Coal
~~Pittman~~

Eccelesia J. Brown
 Town County

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Jan 18
~~Mar~~
 Female

Age *33*
 Married
~~Single~~

MD
~~Widow~~
~~Widower~~

Housewife
 Divorced
 Number of children living

4

Husband of

Wife

Father's

Name

Benjamin J. Brown
 Mother's
 Maiden Name

Cause of

Primary

Consumption

How long sick

12 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. D. Scavener & Bro.,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Olander W. Brown

Town
Died at
Pittsville

County
Arcadia

MARYLAND

Date
1952

Month Day
1 3

Y. M. D.

Native of

Occupation

Age
44-10-6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Catherine Brown

Mother's

Name

Thebe Brown

Cause of

Primary

Brown fever

How long sick

Two days

Death

Immediate

Accident, Suicide, Homicide

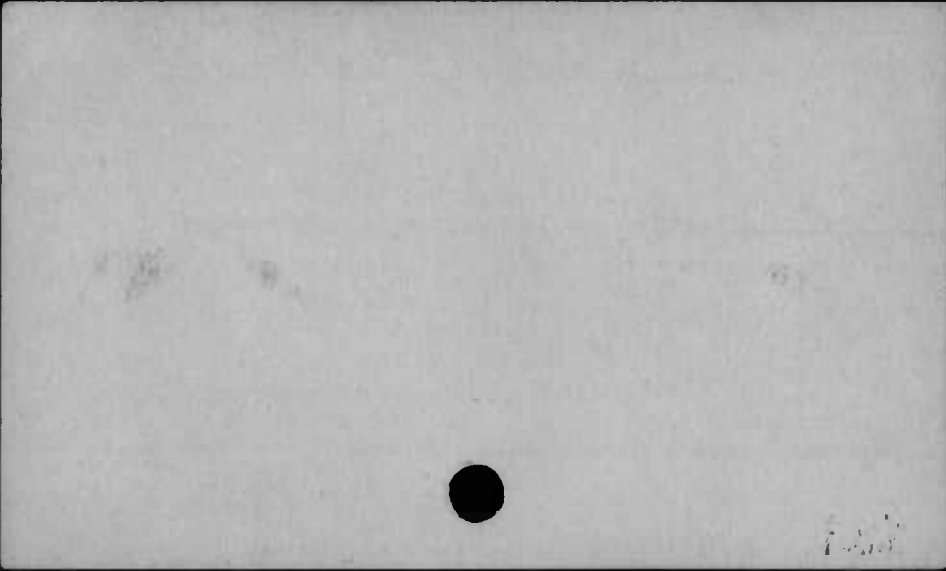
Reported by

W. H. Persons

Address

Whitesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mr. M. Cannon

Died at ^{Town} Salisbury ^{County} Wicomico MARYLAND

Date 1902 Jan 27 Y. M. D. 3-23 Native of Md Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

105

Father's Name Mr. E. Cannon Mother's Name Aberta Lankford

Cause of Death Primary Immediate Embolic diet - Heart trouble suffered

How long sick 1 week

Accident, Suicide, Homicide

Reported by

Ger. H. Ford

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Geo. W. Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Shad Point		County Wicomico		MARYLAND	
Date of death 1902	Month Jan.	Day 1st	Age	Years 45	Months	Days	
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed	Married		Occupation Ship carpenter				
Name of Wife or Husband		Sally A. Crouch					
Father's Name		Isaac Crouch				Father's Birthplace Md.	
Mother's Maiden Name		Frances Brewington				Mother's Birthplace Md.	
Name of person giving In formation		Levin L. Jones				How related to deceased Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary	Pneumonia & Jaundice	How long	9 1/2 weeks
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Immediate	Toxaemia & renal failure
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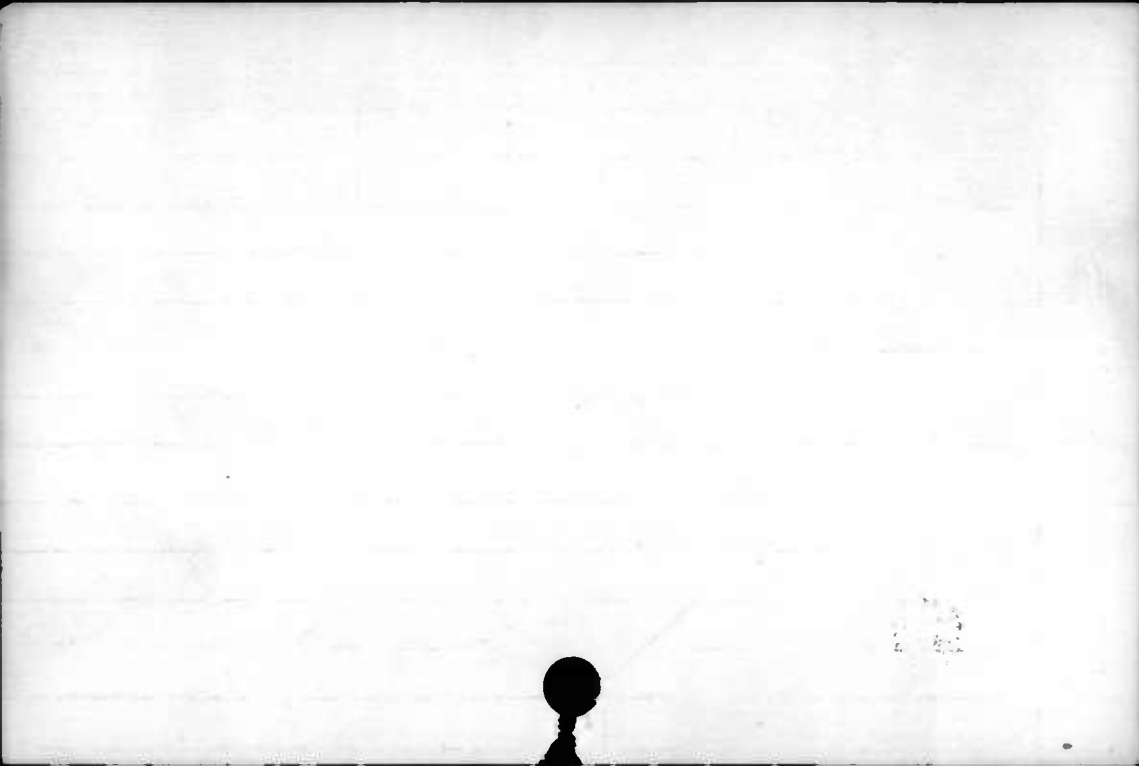
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Louis W. Neomis M.D.

Address

Delby Md

Accident or Suicide?



Name in Full

Certificate of Death

James Culver

Town

Delmar

County

Wicomico

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 27

Age

70 7 10

Delaware Shoe-maker

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joshua Culver

Mother's

Name

Elizabeth Culver

Cause of

Primary

Dysentery

14

How long sick

one month

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

James

Brayshaw, M.D.

Address

Delmar

Delaware

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Milton Emmett Carlson

Town

County

Died at

MARYLAND

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

January 1

Age

2

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

M. M. Carlson

Maiden Name

Mother's

A. V. Davis

Cause of

Primary

Broncho-Pneumonia

How long sick

1 week

Death

Immediate

-Accident, Suicide, Homicide

Reported by

F. L. Plummer M.D.

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lillie A Davis
 Town Pittsville County Wicomico

MARYLAND

Died at

Date 19

02

Month

Day

Jan 22

Age

Y.

M.

D.

19 5'

Native of

America

Occupation

~~Male~~

White

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~

Wife

Father's

Name

John W. Davis

Mother's

Maiden Name

Henrietta S Davis

Cause of

Primary

Consumption

How long sick

22 months

Death

Immediate

27

~~Accident, Suicide, Homicide~~

Reported by

J. R. Harlow

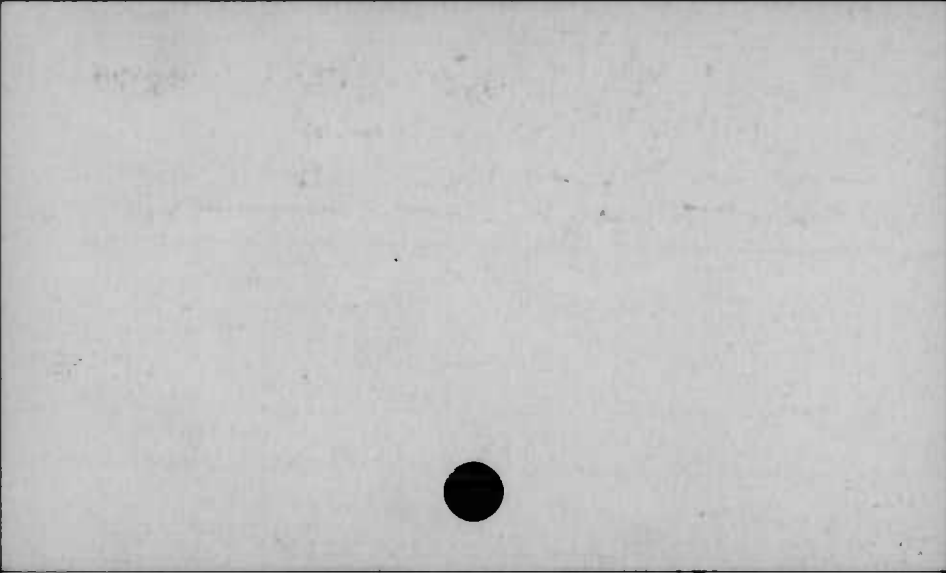
undertaker

Address

Pittsville md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John H. Gordy
 Died at ^{Town} near Salisbury ^{County} Wicomico MARYLAND

Date 1902 Jan 29 Y. 72? M. D. Native of Md Occupation Farmer
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widower ~~Divorced~~ Number of children living 3

Husband of Margaret H. Gordy
 Father's Name Jacob Bounds Mother's Name Latie Dashfield

Cause of Death { Primary Brights Kidney How long sick 1 Year
 Immediate Convulsion Accident, Suicide, Homicide

Reported by Geo. H. Ladd 120
 Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

H. Clarence Hasting

Died at ^{Town} Salisbury ^{County} Wicomico MARYLANDDate 1902 ^{Month} Jan ^{Day} 19 Age 27- ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Md ^{Occupation} Labourer

Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	none

Husband
of
Wife

Father's Name	Jacob. Hasting	Mother's Name	Sallie A. Cordrey
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Cause of	Primary	Dont know	How long sick	Short time
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Death	Immediate	Some Heart or Brain Trouble?	Accident, Suicide, Homicide
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Reported by Geo. W. Todd

179

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Elma Jones
 Town County

Died at *Willards* *Wicomico* MARYLAND

Date 19 *02* *Jan* *28* Month Day Y. M. D. Age *5. 0 0* Native of *Md.* Occupation

☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☒ Colored ☐ Single ☐ Widower ☐ Number of children living

~~Husband~~
~~Wife~~

Father's Name *J. T. Jones* Mother's Maiden Name *Cornelia E. Jones*

Cause of Death { Primary Immediate *Croup* *9* How long sick *3 weeks*
 Accident, Suicide, Homicide

Reported by *J. R. Farlow, undertaker.*
 Address *Pittsville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Geo. Earl Jones

Died at ^{Town} Salisbury^{County} Wicomico

MARYLAND

Date 1902 Jan 8

Y. M. D. Age 22-11-27

Native of Md.

Occupation Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

none

~~Husband~~ of~~Wife~~

Father's Name Wm Jones

Mother's Name Hattie E. Fleming

Cause of Primary

Typhoid Fever

How long sick

3 weeks

Death Immediate

Hemorrhage lungs

~~Accident, Suicide, Homicide~~

Reported by

Geo. H. Todd

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bertha A Lewis

Town

County

Died at

Willards

Wicomico

MARYLAND

Date 1902	Month Jan	Day 2	Y.	M.	D.	Native of	Occupation
				3	10	Md.	
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of
Wife

Father's Name	Sidney Lewis	Mother's Maiden Name
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Cause of Death	Primary	Cancer
	Immediate	

How long sick

45
30 days~~Accident, Suicide, Homicide~~

Reported by

Address

G. R. Farlow undertaker
Pittsville, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Laura E Lewis

Town

County

MARYLAND

Died at

Salisbury Wicomico

Month Day

Y. M. D.

Native of

Occupation

Date 19

02 Jan 20

Age

60 9 6

Mel

House work

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~

of

Eliason M Lewis

Wife

Father's

Name

Henry P Lewis

Mother's

Maiden Name

Sallie G Buttricks

Cause of

Primary

Double Pneumonia

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Whaley Littleton*
 Town *Pittsville* County *MARYLAND*
 Died at *Pittsville*
 Date 19 *02* Month *1* Day *24* Y. *28* M. *28* D. *28*
 Native of *amariem* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *1*

Husband of _____
 Wife _____
 Father's Name _____ Mother's Maiden Name _____
 Cause of Death { Primary *Phnuemonia* Immediate _____
 How long sick *8 days*
 Accident, Suicide, Homicide _____

Reported by *J R Harlow*
 Address *Pittsville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

May Middleton

Town

County

Nickmies

Charles

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

md

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of

Wife

Father's

Mother's

Name

Camelus Middleton

Maiden Name

Helen Campbell

Cause of

Primary

not known

How long sick

1 Day

Death

Immediate

Accident, Suicide, Homicide

Reported by

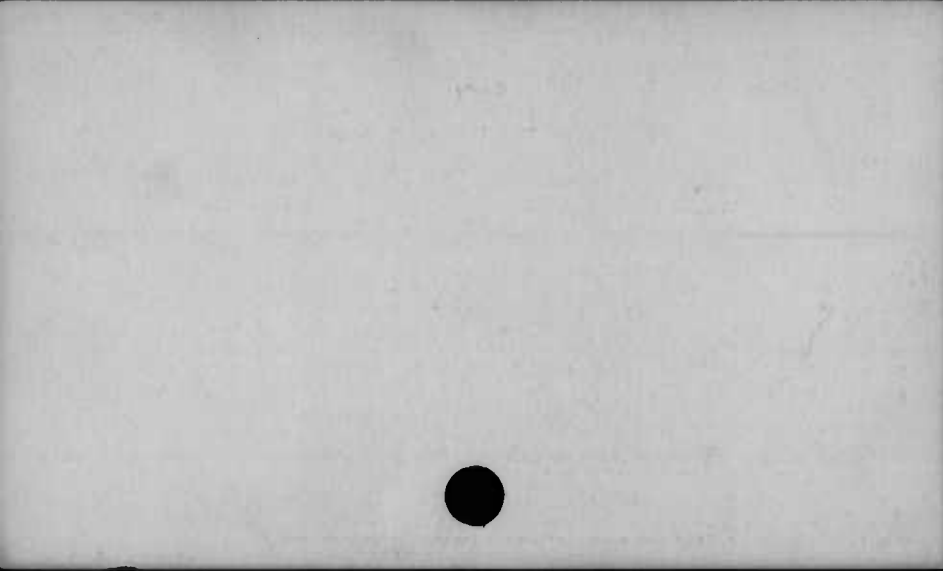
Camelus Middleton

Address

Nickmies md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73993



Name In Full

Certificate of Death

Died at

Town *Wilcox*

County

Wilcox

MARYLAND

Date 19 *02*

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 10

Age

*79 4 10**Amiah**farmer*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

or
WifeFather's
Name*James H. Mitchell*

Mother's

Maiden Name

Mildred Mitchell

Cause of

Primary

general diabetes

Death

Immediate

How long sick

30 days

Accident, Suicide, Homicide

Reported by

*J. R. Harlow**undertaker*

Address

Pittsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary J Morris

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Date 19

02

Month

Day

Jan 6

Age

Y.

M.

D.

47 2 14

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

one

Husband of

Louis W Morris

Father's

Name

Lemuel Taylor

Mother's

Maiden Name

Ann Lane

Cause of

Primary

Abdominal Cancer

How long sick

Death

Immediate

Concussion

~~Accident, Suicide, Homicide~~

Reported by

Dr. H. Todd

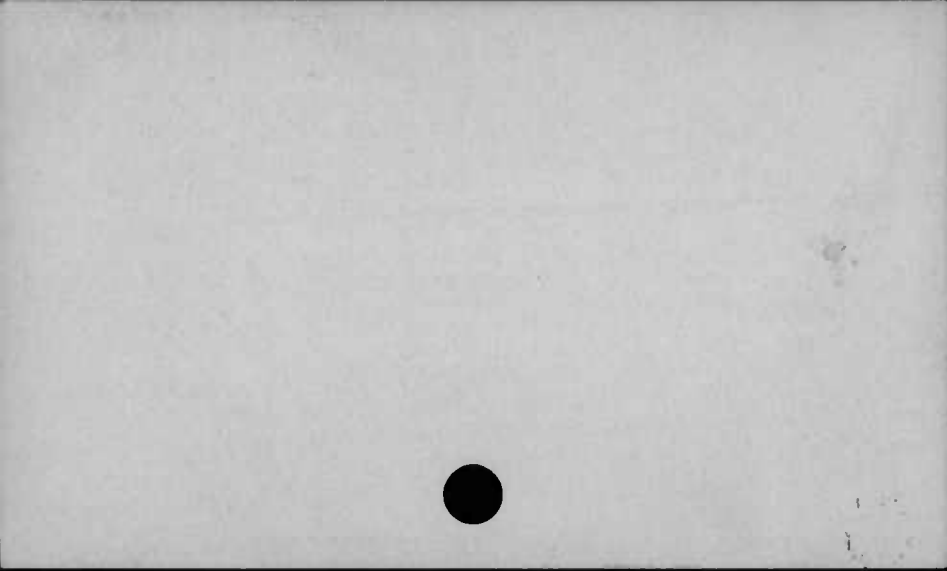
Address

Salisbury

Md

41

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary V. Parker

Town

County

Died at

Wango

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan 31

Age

48 00

Marydell

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Abichia Parker

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

instant death

How long sick

7 hours

Death

Immediate

~~death~~

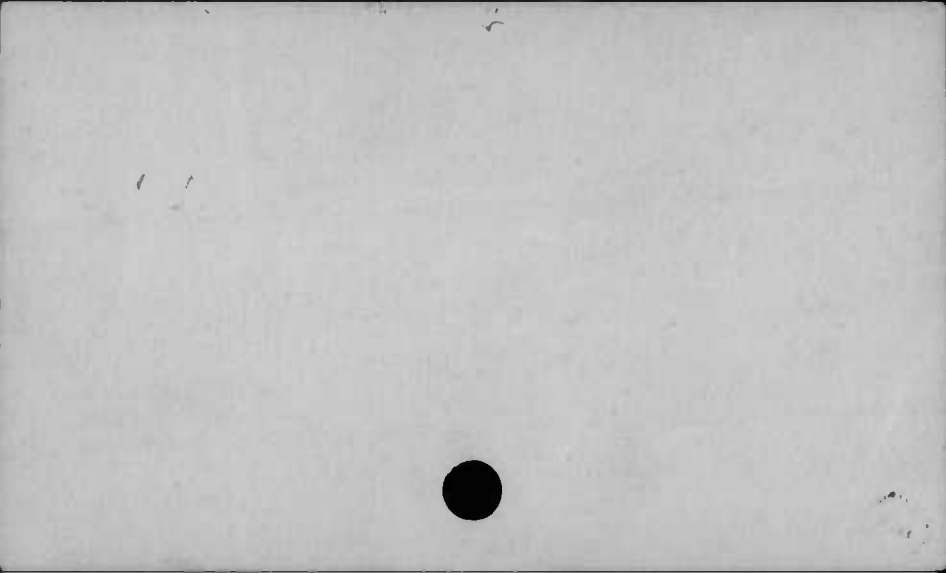
Accident, Suicide, Homicide

Reported by

J. R. Parlow, undertaker
Pittsville, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Towson
Watson Smith

County

Wicomico

MARYLAND

Date 1912

Month Day

January 21

Y. M. D.

Age 29 years

Native of

America

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Two

Husband

Wife

Father's

Name

Minny Parsons

Mother's

Joshua Parsons

Maiden Name

Mary J. Parsons

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Harlan

Undertaker

Baltimore

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Parsons

County

Town

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

James Shippen
Town

Delmar County

Died at

MARYLAND

Date 19

02

Month

Day

Jan 22

Age

Y.

M.

D.

64

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband

of

Elizabeth Shippen

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

How long sick

Death

Immediate

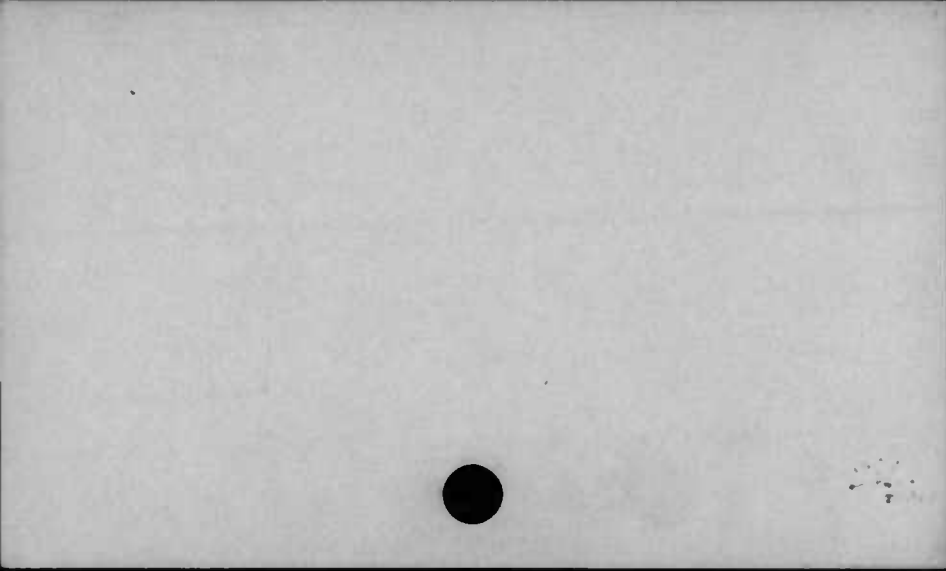
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Samuel B. Powell

Town

County

Died at

MARYLAND

Date 19

Salisbury
02 Jan 7

Age

10
Y. M. D.

Native of

Occupation

Md School boy

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name Samuel Powell Maiden Name

Louise J. Morris

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. M. Clemons M.D.

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John Henry Smith
 Died at ^{Town} Sharplown ^{County} Wicomico MARYLAND
 Date 1902 Jan 30 Age 70 Native of Md Occupation Merchant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of Ellen Smith
 Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Immediate } Consumption
 How long sick 27
 Accident, Suicide, Homicide

Reported by Francis J. Townsend M.D.
 Address Sharplown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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99
100

Name in Full

Certificate of Death

Margaret A Smith

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1902

1

9

Age

69.

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Mother's

Name

Name

64

Cause of

Primary

Arteriosclerosis

How long sick

1 day

Death

Immediate

Cerebral hemorrhage

Accident, Suicide, Homicide

Reported by

J. M. Dick

Salisbury, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Certificate of Death

My Mr. Smith

Died at ^{Town} *Orleans*

County
Treasurer

MARYLAND

1902	Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	Jan	10	Age	41	1-21	Att.	Farmer

Male ☒ White ☒ Married ☒ ~~Widow~~ ~~Divorced~~
Female ☐ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living Two

Husband of Jennie Smith (nee Cullers)
 Wife Daniel Smith
 Father's Name Mother: Sallie A. Smith
 Name

Cause of	Primary	Bright's Disease	How long sick	3 Months.
Death	Immediate	Bright's Disease	Age at Death	20

Reported by Dr. Robert Ellington

1 Delmar Del

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, AEGAD



Name in Full

Certificate of Death

Hester Ellen Taylor

Town

County

Died at

Fruitland

Micovine

MARYLAND

Date 1902

Month

Day

1 29

Age

Y.

M.

D.

73

Native of

Md

Occupation

Seamstress

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

8

~~Husband~~

of

Wife

Father's

Name

Willie Taylor Dead

Mother's

Name

Cause of

Primary

Death

Immediate

General Debility

E. A. Demson

Reported by

Address



Whayland

154

How long sick

2 years

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Infant, no name.

Died at *Shad Point* *Accomac* **MARYLAND**
 Town County
 Month Day Y. M. D. Native of Occupation

Date 190*7* *Jan.* *1* Age *—* *Accomac* *Infant*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *John Washburn* Mother's Maiden Name *Ada Todd*

Cause of Primary *Protracted & tedious* How long sick
 Death Immediate *Truth, stillborn* Accident, Suicide, Homicide

Reported by *Louis W. Morris*Address *Beltsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Franklin E. West

Tow
DelmarCounty
Wicomico

MARYLAND

Died at

1902

Month Day

Jan 30

Y. M. D.

Age 28 4

Native of

Occupation

Chief

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Edward T. West

Emma West

Cause of

Primary

Blood Poison

How long sick

Seven Months

Death

Immediate

Blood Poison

Accident, Suicide, Homicide

Reported by

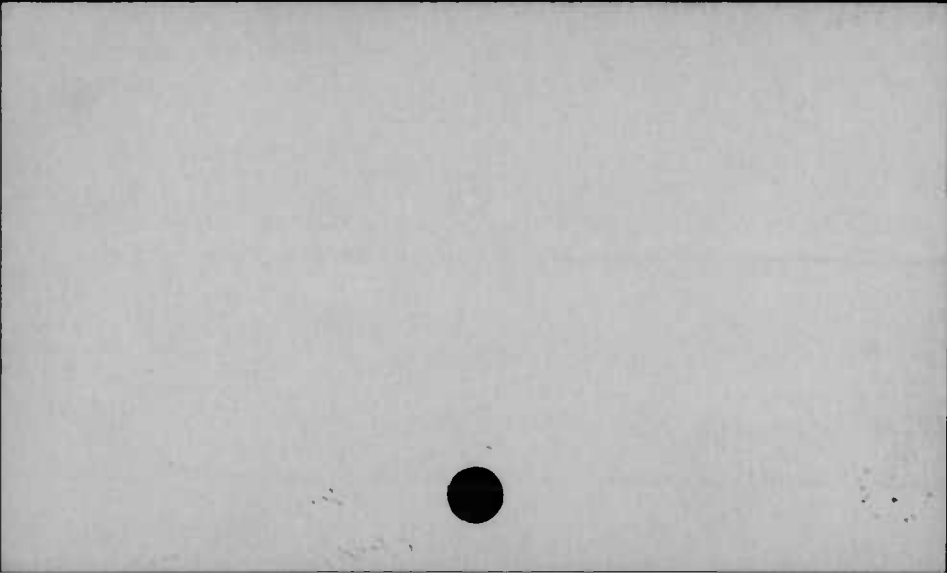
Robert E. Llewellyn, M.D.

Address

Delmar Del

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Turner White
 Town County
 Died at Salisbury Wicomico MARYLAND
 Date 1902 Jan 28 Age 53 00 Maryland farmer
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 6
 Husband of Kissa E. White
 Wife's Name Mother's Maiden Name
 Cause of Death { Primary Immediate consumption
 How long sick 3 years
 Accident, Suicide, Homicide
 Reported by A. R. Farlow,
 Address Pittsville Md undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lloyd Workman

Town

County

MARYLAND

Died at

Salisbury Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan 31

Age

1 3 22

Md

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles T Workman

Mother's

Maiden Name

Sally J Baker

Cause of

Primary

Meningitis Acute

How long sick

Death

Immediate

Doubtful heart failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

